

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 26 June 2007.

PRESENT: Councillor Dryden (Chair); Councillors Bishop, Elder, Lancaster and P Rogers.

OFFICIALS: J Bennington and J Ord.

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Dunne, Rooney and J Walker.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

VICE CHAIR – APPOINTMENT– HEALTH SCRUTINY PANEL

The Chair sought nominations for Vice Chair of the Health Scrutiny Panel for the Municipal Year 2007/2008.

ORDERED that Councillor Bishop be appointed Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2007/2008.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 19 April 2007 were submitted and approved.

HEALTH SCRUTINY AND THE NHS

In a report of the Scrutiny Support Officer the Panel was advised of the origins of the Health Scrutiny function, the work of the previous Panel and a basic explanation of the organisational structure within the NHS in England.

The power of Health Scrutiny was regarded as an important part of the drive to modernise local government as a result of the Local Government Act 2000. Health Scrutiny was carried out in a very similar way as Overview and Scrutiny across local government, but the prime difference being that it was outward facing and most of its work involved working with the local NHS.

The Health and Social Care Act 2001 provided a statutory duty for the NHS to consult with its local Health Scrutiny Committee whenever it had plans for a substantial variation to services. Should Health Scrutiny not be satisfied with the standard of consultation or felt that the proposals were not in the best interests of the local health service or the people it served, it had the power to refer the matter to the Secretary of State for Health. The Secretary of State for Health could then request the Independent Reconfiguration Panel to consider the matter.

Health Scrutiny had the legislative power to expect appropriate NHS management to attend meetings providing reasonable notice had been given and was statutorily obliged to respond in writing to recommendations contained in Health Scrutiny Final Reports. Health Scrutiny proceedings occurred in the public domain, which increased the transparency and accountability of the process.

It was considered that Health Scrutiny had two broad points of focus in its work: -

- i) being proactive by investigating any issue which was felt to impact upon the health of local people either NHS service based or a public health type matter;
- ii) secondly, in a reactive role, in responding to consultations over proposed NHS service changes.

Specific reference was made to Department of Health guidance which encouraged health scrutiny not to focus on financial or performance management information, as there were regimes in place to deal with such matters. It also stated that health scrutiny should not be viewed as an opportunity to pursue complaints or act as a complaints forum.

It was acknowledged that the NHS was in the midst of a huge period of change in its funding, operation and relationships between different aspects of the NHS. The impact of Choose and Book, Payment by Results, Patient Choice and other such national policy drivers were regarded as important considerations.

In addition, the local Mental Health Trust and the local Hospitals Trust were consulting during the summer into early autumn on becoming Foundation Trusts which amongst other matters would grant greater freedoms over service provision and financial aspects.

Reference was also made to the planning of a new hospital for North of Tees, which would inevitably have ramifications for James Cook University Hospital.

Details were provided of the work undertaken by the Health Scrutiny Panel and that of two Joint Committees with neighbouring local authorities to scrutinise services across areas wider than the Town of Middlesbrough.

A basic diagram was provided which outlined the current structure of the NHS incorporating: -

- The Department of Health, a Government department responsible for health and social care policy;
- The Strategic Health Authorities termed as the regional Head Quarters for the NHS co-terminous with Government Office regions, responsible for ensuring that NHS practices in their area were consistent with prevailing national policy and also the performance managers for all NHS Trusts within the area;
- Primary Care Trusts responsible for the receipt and expenditure of around 75% of NHS monies, 'buying' or commissioning services on behalf of the population they serve;
- General Practices, regarded as becoming more influential as they had direct funding to commission services directly on behalf of the patients, without necessarily going through the PCT's;
- Provider Trusts provided services in exchange for payment from the PCT's.

It was envisaged that the Health Scrutiny Panel would meet frequently usually on a three week basis depending on the demands of a particular scrutiny review and the degree of flexibility which may be needed should the investigation necessitate seeking the views of clinicians.

NOTED

HEALTH SCRUTINY PANEL – WORK PROGRAMME 2007/2008

The Scrutiny Support Officer submitted a report, which incorporated information extracted from various sources to assist in the consideration of suitable topics for inclusion in the Panel's Work Programme 2007/2008. Such information included the Council's Strategic Plan, the Forward Work Programme, liaison with the Director of Social Care, senior Officers of local NHS Trusts, Councillors and members of the public.

The suggested scrutiny topics from members of the public, Director of Social Care, and arising from issues identified by the Health Scrutiny Panel 2006/07, non-executive Members and Middlesbrough PCT were reported as follows: -

- a) Medication Management in the Community;

- b) the provision of Patient Transport from James Cook University Hospital following discharge;
- c) the implications for the local health economy of Community Foundation Trust status;
- d) the implications of the integration of Health and Social Care systems;
- e) alcohol consumption amongst young people, its health impacts and the local health economy's response;
- f) assessing the impact of Tobacco Control legislation;
- g) Public Health Strategy/Obesity Strategy;
- h) Commissioning Framework for Health & Well Being;
- i) new Dental Contract and Dental Service Provision;
- j) Out of Hours GP Services;
- k) the effectiveness of the Patient Advice & Liaison Service (PALS);
- l) Choose & Book and associated referral pathways;
- m) Life Expectancy in Middlesbrough;
- n) Drug Addiction and associated support services;
- o) Patient line hospital telephone system and its charging structure.

It was noted that some of the areas identified above were continually evolving and further details would emerge throughout the year.

In addition to the Work Programme it was noted that the Panel might consider it appropriate to receive illustrations from representatives of the local health economy in relation to impending legislation and to respond on an ad hoc basis to emerging issues during the year.

The Panel was also reminded that under the terms of the Local Government Act 2000, local authorities had a responsibility of community leadership and a power to promote community well being. In addition to the Scrutiny Panel's specific health scrutiny powers they had the power to consider any matter which was not the responsibility of the Council but which affected the local authority or the inhabitants of its area.

It was noted that the Work Programme, together with a provisional timetable for each scrutiny review, would be submitted to the Overview and Scrutiny Board for consideration. The Panel would formulate the detailed terms of reference at the start of each scrutiny review.

The Panel was advised of an additional topic for consideration, which had subsequently been received from a non-Executive Member emanating from members of the public in relation to the health impact of telecommunication masts and the grouping of such masts in any one area.

Following deliberations on how best to formulate the priorities for the Panel's scrutiny work programme for 2007/2008 Members concluded as follows: -

- a) It was acknowledged that the Panel could deal with some of the suggested issues for consideration in a relatively short period of time.
- b) Members agreed that the key findings of the DH 's Health profile for Middlesbrough should be considered and taken into account when formulating the work programme.
- c) It was suggested that Prof. Peter Kelly, Executive Director of Public Health for the Tees area be invited to address the Panel.
- d) In commenting on the suggested topic relating to the health impact of telecommunication masts an indication was given of current Government guidance and extensive independent research which had been undertaken in recent years the findings from which appeared to be inconclusive. It was acknowledged that it was a very complex issue and that expert advice would have to be sought perhaps in the first instance from Prof. Peter Kelly.
- e) In order to gain a better insight of the public's view of the priorities identified within the list of suggested topics for investigation it was suggested that Officers set up an information stall within the main reception area of James Cook University Hospital immediately prior to the next meeting of the Panel on 18 July 2007.

AGREED as follows: -

1. That the information provided be noted.
2. That the Panel Members be advised on how to access the Community Health Profiles of all of the North East local authorities.
3. That Prof. Peter Kelly, Executive Director of Public Health for the Tees area be invited to a meeting of the Panel.
4. That Officers seek the approval of the South Tees Hospitals NHS Trust to set up an information stall as outlined in the main reception area of James Cook University Hospital on the afternoon of 18 July 2007 prior to the next meeting of the Panel scheduled at 4.30 p.m. to be held in the Academic Centre of the hospital.

**** OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 5 June 2007.

NOTED